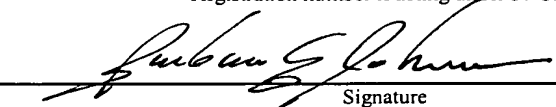


PTO/SB/22 (12-04)

Approved for use through 07/31/2006, OMB 0651-0031

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PEPTIDE OR PROTEIN MICROASSAY METHOD AND APPARATUS FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 3936-011568																		
Application Number 10/036,066		Filed November 7, 2001																		
For Peptide Or Protein Microassay Method and Apparatus																				
Art Unit 1641		Examiner Ann Y. Lam																		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																				
		<table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td></tr></tbody></table>		Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																				
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. 06/01/2005 GWORDDF1 00000019 10036066																				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 01 FC:2251 60.00 DP																				
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-0650 . I have enclosed a duplicate copy of this sheet.																				
WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																				
I am the <input type="checkbox"/> applicant/inventor.																				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).																				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 31,198																				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____																				
 Signature		May 26, 2005 Date																		
Barbara E. Johnson Typed or printed name		412-471-8815 Telephone Number																		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																				
<input checked="" type="checkbox"/> Total of 1 Form is submitted.																				

This collection of information is required by 37 CFR 1.36(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.